

## Mental Status Examination/Behavioral Observations

Client Name:	
Gender (tick one): M / F , Other	
Date of Birth:	
Age:	
Date of Interview:	

Tick all items that apply:

1.	<b>Dress/Grooming:</b>		
	Neatly dressed/groomed		Soiled clothing and/or malodorous
	Carelessly dressed/groomed		
	Other description(s) in this domain:		
2.	<b>Gross/fine motor function:</b>		
	Apparently normal gait and upper body movements		Rigidity
	Slow or halting gait/movements		Manual dexterity:
	Shuffling gait		- Good
	Poor balance		- Fair
	Tremors		- Poor
	Other description(s) in this domain:		
3.	<b>Eye contact:</b>		
	Good		Avoidant
	Variable		Limited
	Other description(s) in this domain:		

4.	<b>Vision</b> (per Snellen visual acuity chart, or casual observation):		
	<i>Intact for appointment purposes</i>		<i>Limited (describe or document visual acuity):</i>
5.	<b>Hearing</b> (per observation):		
	<i>Intact for appointment purposes</i>		<i>Limited (describe any hearing difficulty):</i>
6.	<b>Verbal Comprehension</b> (of questions or instructions, etc.):		
	<i>Good</i>		<i>Limited comprehension of questions or instructions (describe):</i>
	<i>Fair</i>		
7.	<b>Orientation</b> (to time, place, situation):		
	<b>To Time:</b>		
	<i>Day of week</i>	<i>Year</i>	
	<i>Month</i>	<i>Season (what season would you say we're in?)</i>	
	<i>Date</i>		
	<b>To Place:</b>		
	<i>What type of building are we in?</i>	<i>Town</i>	
		<i>County</i>	
	<i>What floor?</i>	<i>State</i>	
	<b>To Situation:</b>		
	<i>How would you describe what we are doing here today?</i> (Good, fair, or limited orientation to situation)		

8.	<b>Speech: Fluency or Flow of Speech:</b>		
	Normal		Garrulous
	Halting		Overly-talkative
	Word-finding difficulty		
	<b>Rate:</b>		
	Normal		Rapid
	Slow		Pressured
	<b>Volume:</b>		
	Normal		Loud
	Soft		Variable
	<b>Prosody or Intonation:</b>		
	Normal		Sing-song
Flat or monotone		Other (describe):	
9.	<b>Affect (range of emotional expression):</b>		
	Normal range		Labile
	Flat		Variable
10.	<b>Mood:</b>		
	Normal		Expansive
	Sad		Manic
	Irritable		Other (describe):
11.	<b>Sleep (by client self-report):</b>		
	Good		Early
	Restless		Middle and/or late insomnia

12.	<b>Appetite:</b>		
	Good		Variable
	Limited		
13.	<b>Thought process:</b>		
	Linear		Tangential
	Goal-directed		Other (describe):
	Circumstantial		
14.	<b>Thought Content:</b>		
	Normal content		Hallucinations (describe):
	Delusions (describe):		Other (describe):
15.	<b>Motivation/effort</b> on testing (per behavioral observation):		
	Motivated/good effort		Limited motivation/effort
	Variable motivation/effort		
16.	<p><b>Strengths:</b> Strengths as either expressed by client on questioning, or revealed by behavioral observation. These might include: <b>cognitive strengths</b> (attention, memory, verbal skills, nonverbal or visual-spatial skills, executive skills such as planning and organizing tasks; and <b>social-emotional strengths</b> such as emotional control, stress coping skills, resilience, openness to experience, able to develop and maintain friendships, asks for help as needed).</p>		
17.	<p><b>Any other notable behavioral observations</b>, as they apply to interpretation of test results and/or case conceptualization:</p>		